## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10642990

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                |                                                |                                           |                              |                               |              |                  | SMALL ENTITY TYPE |                    |                        | 0.0     | OTHER THAN<br>OR SMALL ENTITY |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|------------------------------|-------------------------------|--------------|------------------|-------------------|--------------------|------------------------|---------|-------------------------------|------------------------|
| TOTAL CLAIMS                                                                                                                                                                  |                                                |                                           | (0                           |                               | (COMMIT 2)   |                  | Ė                 | RATE               | FEE                    | or<br>I | RATE                          | FEE                    |
| FOR                                                                                                                                                                           |                                                |                                           | NUMBER FILED                 |                               | NUMBER EXTRA |                  | В                 | ASIC FEE           | 375.00                 | OR      | BASIC FEE                     | 750.00                 |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                       |                                                |                                           | / minus 20=                  |                               | * 0          |                  |                   | X\$ 9=             |                        | OR      | X\$18=                        |                        |
| INDEPENDENT CLAIMS                                                                                                                                                            |                                                |                                           | ~                            | nus 3 =                       | * 0          |                  | ┢                 | X42=               |                        |         | X84=                          |                        |
| MU                                                                                                                                                                            | LTIPLE DEPEN                                   | DENT CLAIM P                              | RESENT                       |                               |              |                  | -                 |                    |                        | OR      |                               |                        |
| * If                                                                                                                                                                          | the difference                                 | in column 1 is                            | less than zero, enter "0" in |                               |              | olumn 2          | L                 | +140=              | 7 70                   | OR      | +280=                         |                        |
|                                                                                                                                                                               |                                                | LAIMS AS A                                |                              |                               |              |                  |                   | TOTAL              | 5.41                   | OR      | TOTAL OTHER                   | ΤΗΔΝ                   |
|                                                                                                                                                                               | (Column 1) (Column 2) (Column 3)               |                                           |                              |                               |              |                  |                   | SMALL              | ENTITY                 | OR      | SMALL                         |                        |
| AMENDMENT A                                                                                                                                                                   |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA |                   | RATE               | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                               | Total                                          | *                                         | Minus                        | **                            |              | =                | İ                 | X\$ 9=             | *                      | OR      | X\$18=                        |                        |
|                                                                                                                                                                               | Independent                                    | *                                         | Minus                        | ***                           | CL AINA      | =                |                   | X42=               |                        | OR      | X84=                          |                        |
|                                                                                                                                                                               | FINOT PRESE                                    | NTATION OF M                              | JETIPLE DEF                  | ENDEN                         | CLAIIVI      | لــــا           |                   | +140=              |                        | OR      | +280=                         |                        |
|                                                                                                                                                                               |                                                |                                           |                              |                               |              |                  |                   | TOTAL<br>DDIT. FEE |                        |         | TOTAL<br>ADDIT. FEE           | · · · · ·              |
|                                                                                                                                                                               | (Column 1) (Column 2) (Column 3)               |                                           |                              |                               |              |                  |                   |                    |                        |         | ADDI1. 1 EE,                  |                        |
| AMENDMENT B                                                                                                                                                                   |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA |                   | RATE               | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                               | Total                                          | *                                         | Minus                        | **                            |              | <b>=</b>         |                   | X\$ 9=             |                        | OR      | X\$18=                        |                        |
|                                                                                                                                                                               | Independent                                    | *                                         | Minus                        | ***                           | CLAIM        | [=               |                   | X42=               |                        | OR      | X84=                          |                        |
|                                                                                                                                                                               | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                              |                               |              |                  |                   | +140=              |                        | OR      | +280=                         |                        |
|                                                                                                                                                                               |                                                |                                           |                              |                               |              |                  |                   | TOTAL<br>DDIT. FEE |                        | OR      | TOTAL<br>ADDIT, FEE           |                        |
|                                                                                                                                                                               | (Column 1) (Column 2) (Column 3)               |                                           |                              |                               |              |                  |                   |                    |                        |         |                               |                        |
| AMENDMENT C                                                                                                                                                                   |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA |                   | RATE               | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                               | Total                                          | *                                         | Minus                        | **                            |              | =                |                   | X\$ 9=             |                        | OR      | X\$18=                        |                        |
|                                                                                                                                                                               | Independent                                    | *                                         | Minus                        | ***                           |              | <b>=</b>         |                   | X42=               |                        | OR      | X84=                          |                        |
| L                                                                                                                                                                             | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DEF                  | PENDENT                       | CLAIM        |                  |                   |                    |                        |         | +280=                         |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Brown to Reid For" IN THIS SPACE is less than 20 enter "20." |                                                |                                           |                              |                               |              |                  |                   |                    |                        |         |                               |                        |
| ***                                                                                                                                                                           | If the "Highest Nu                             | mber Previously P                         | aid For" IN THI              | S SPACE                       | is less tha  | n 3, enter "3."  | ML                | of to the same     | waariata b             | . !     | ADDIT. FEE!                   |                        |